

**ADMINISTRATIVE OFFICE OF THE COURTS  
PRETRIAL SERVICES RECORDS DIVISION  
100 MILLCREEK PARK  
FRANKFORT, KENTUCKY 40601  
502-573-1682 or 800-928-6381**



pretrialcustomerservice@mail.aoc.state.ky.us

The process to obtain the information contained in the CourtNet Disposition System is as follows:

- Individuals** Requesting a record on yourself requires a \$10.00 fee (**check or money order**). Enclose a self addressed stamped envelope for a return reply.
- Nonprofit** Requesting a record on individuals requires a \$10.00 fee (**check or money order**) and your nonprofit number (Form #51-A-126). Your return envelope must be addressed with adequate postage, and the other envelope only needs the address of the person being checked.
- Health Care Housing Auth.**
- Licensing/ Others** A request for licensing purposes and on another person requires a \$10.00 fee (**check or money order**) and must include two envelopes. Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked.
- Government** Government entities must provide both envelopes mentioned above, a tax exempt number for waiver of fees, contact person, phone number, and mailing address on their request. Multiple inquires can be made on a continuation form.

**Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact Pretrial Services Records Division at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MAIDEN OR ALIAS NAMES: \_\_\_\_\_

STREET ADDRESS / P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS. 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - **if applicable**.

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Non-Profit Number (Form 51-A-126), or Tax Exempt Number

\_\_\_\_\_  
E-mail address(sent to this e-mail only)

Would you like the CourtNet Records e-mailed? [ ] Yes [ ] No

\_\_\_\_\_  
Company

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Requestor/Contact Person

Please denote which purpose applies to this request:

\_\_\_ Employment

\_\_\_ Criminal Investigation

\_\_\_ Screening Housing Applicants

\_\_\_ Volunteer/Care over Juvenile

\_\_\_ Licensing

\_\_\_ Other (please explain) \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip